


MEDICINE AS A CAREER

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Reprint from Bernays' Outline of Careers

By
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After the choice of a wife, about the most important decision a man has to make in this world is that of a profession. And a profession is like marriage in another respect; it often turns out different from what it was expected to be. It is unfortunately true that vocations of necessity are chosen a good deal upon the basis of externals, without very full knowledge of the less obtrusive features that actually determine their character. In the case of medicine the young man knows the family doctor who has been the reliance in his family as long as he can remember; or he sees the activities and the apparent prosperity of the specialists; he realizes the usefulness of all of them; and he decides that medicine is the life for him. I would not imply that these externals in the life of the physician are not real and that they are not factors to be considered in the choice of that vocation. I mean, simply, that they are not the most important. Driving about in a comfortable automobile, filling a position of importance in the community, seeing people, most of them agreeable, under

conditions where the physician is their reliance and his word is law, are the fruits of successful careers founded on a long period of hard training and harder later work, and they are no more the whole life of the doctor than is occupying the center of the stage upon important occasions that of the clergyman.

There are, I believe, few young men who have an irresistible call to, or a peculiar fitness for, any vocation. Most who think they have are quite likely to be mistaken in their judgment; this, because of the inherent difficulties of fully estimating what a career in any profession means. Of course, a young man should allow his predilections for any vocation to have influence with him in his choice. If he has a real bent, and not an imaginary one, for some career, he is fortunate and will probably find himself happy in that occupation. But most intelligent young men have no compelling ambition in any one direction. They will be content with any vocation that leads to material success, that satisfies their intellectual and emotional tastes, and that is useful. The problem that they are trying to decide is what occupation gives them the best prospect of these rewards. And, as far as my experience goes, these

men are just as likely to be content with their careers as those who, in the start, have a particular bent in one direction; for they are quite as likely to be successful and, after all, success in a career is one of the chief factors in making it satisfactory.

There is an attitude nowadays, especially among those whose vocations involve direct personal service to mankind, that the only worthy ambition in life is service, let the rewards be what they may. Except where it is foolish, I believe this is unnatural and, perhaps unconsciously, insincere. Service, except in an unnatural condition of exaltation, is not its own reward. All men have ambitions, and, if intelligent, they try to satisfy them; but young men, as older men, differ greatly in the sort of rewards they want. At one extreme is the man whose absorbing desire is material success; at the other is the one who is so dominated by his intellectual or emotional instincts that they are the deciding factors in the choice of his career. But in either case self-interest in a strict sensè controls. The man whose happiness is derived from pure altruism is just as much guided by self-interest in his desire to satisfy his particular taste as the man whose whole

desire is for money. This self-interest is not only natural, but it is proper. It is the driving force that makes men do things.

The men who seek the professions are, as a rule, hoping for more or less satisfaction of all of these tastes. They necessarily must consider material success. They can only be satisfied, if, in addition, their careers give them some intellectual and emotional satisfaction. Medicine, as largely as any profession, offers prospect of a considerable share of satisfaction in all three of these directions. Its material rewards are sufficient; it demands exercise of mind and hand and it offers possibilities of unlimited intellectual excursions; and no vocation can appear more strongly to sound altruistic instincts.

Of course, no man should go into medicine with the hope of getting rich; it cannot be done. But all men properly may, and all intelligent men do, consider the material rewards of their profession. That is not simply a characteristic of meaner minds. One could, for example, hardly find a more courageous intellect or an abler one or a life more controlled by scientific and altruistic zeal than Thomas Huxley's. Huxley expressed

the attitude of most young men when, as a young man, he wrote: “. . . I have no ambition, except as means to an end, and that end is the possession of a sufficient income to marry upon.”

Medicine does give prospect of adequate material reward. It is true that these rewards do not compare with those of successful business or with those of successful careers in other professions, such as law and engineering and architecture. On the other hand, doctors, I have an idea, realize more largely than any other familiar profession the Scriptural standard of neither great riches nor great poverty. Their average of material prosperity will compare, it seems to me, with that of any group in the community. Unless they have some peculiar defect which interferes with selling their professional wares, and this is uncommon, they, as a rule, make good livings compared with those of similar social standing—and that is the best—in the communities where they are located. This was brought home to me in a rather interesting way a few years ago. I had the inspiration that the Chicago medical profession, through its general society, which includes 80 per cent. of the city's practitioners, should make pro-

vision for helping those of its members who had become destitute. The organization to do this was arranged. We broadcasted its existence through the profession; and looked forward to the gratification of helping our worthy unfortunate brothers. Nothing materialized. Plenty of us were poor, but none destitute.

Wherever one goes in the United States he finds physicians comfortably circumstanced; they live well; their families have all reasonable advantages; their children go to college and are well started off in life. The deserving men have reasonable material rewards—as long as they are in active practice. But here is the important provision: It is by no means universally true that they make adequate provision for old age. That is, of course, in part due to the natural improvidence of men in general.

There is an impression that successful specialists are great money earners and are likely to get rich. They do make good incomes, measured by the standards of other successful forms of personal service. Heaven knows they have to charge enough! But they do not make as large incomes as the successful men of equal standing in law, engineering, architecture or businesses,

where fees are paid in proportion to the responsibility assumed and the importance of the transactions. It is generally understood and is the object of constant criticism that physicians charge—to a considerable degree—according to the ability of patients to pay. But the variation in the charges made by physicians bears no comparison with those of men in other professions and businesses, who habitually base their charges upon the importance of the transaction. Every physician of proper instinct gets a great part of his satisfaction out of serving all worthy people who apply to him; but he also gets wide experience and the skill and judgment which make him highly useful. It is proper that he should charge well for this usefulness when the man who is well able to pay for it wants it. This is not to compensate him vicariously for the services he has given to those of small means for small compensation, but for the skill and knowledge that he has gained through this experience.

In the foregoing I have had in mind the independent practice of medicine, which is the usual career. In recent years there has been an enlargement of the careers open to medical men. There are, in fact, ten-

dencies to the exploitation of the doctor by corporations organized to furnish medical service and even by hospitals, that I believe are dangerous to the welfare of the profession. There are also many careers open to them in the proper medical work of corporations, in sanitation and other public health activities, in governmental positions, federal as well as municipal. There is a large increase in the opportunities for medical men to go into purely scientific and academic careers. These fields offer smaller material rewards than are obtainable by men of similar competency in independent practice, but they have many compensations, and they are attracting an increasing number of our graduates.

The intellectual rewards and opportunities of medicine would seem to be fairly obvious. The practice of medicine is an art based upon science. It therefore makes a double call upon a man: First, to know; and, second, to do. The knowledge of physics and chemistry and the biological sciences, which are fundamental to medicine, and of medicine itself, is so enormous that it presents a field of intellectual activity large enough to tax the capacities of any mind. The man who goes into medicine may be perfectly sure that he will find oppor-

tunity for all the intellectual exercise of which he is capable. And there are certain conditions surrounding one's mental activities in medicine which seem to me particularly stimulating. In the ordinary everyday practice of medicine the physician is carrying responsibilities of life and death. He is the reliance in the most important emergencies of his people's lives. No man with the proper sense of responsibility can fail to be stimulated to his best by such situations.

The purely scientific side of medicine—investigation, research, discovery—is a field in which genius can find all the intellectual and other satisfaction that even it can hope for. The problems are as intricate as any that concern men. The rare man who is suited to a life devoted to them need have no fear of ever reaching the point where he has no more interesting problem to occupy him. The solutions of these problems offer rewards in service to mankind that are among the greatest that altruism can wish.

Fortunately the possibilities of investigation and of discovery are not confined to the few great men. Every patient is more or less a problem. In medicine, more than in any other vocation that I know, the rank and

file are constantly stimulated by their experiences to suggest new ideas and almost every doctor occasionally makes some new observation or develops some useful idea in practice.

Another attraction of medicine is due to the fact that it is not only a science but an art that demands manual dexterity and trained skill in the use of the senses. The doctor must have trained hands as well as a trained mind. He is in this respect in the same situation as the pianist or painter or highly trained artisan. And the necessity for high manual skill in the practice of any profession is a feature of attractiveness. The doctor not only has the stimulus to attain the greatest knowledge, but the highest skill. There is in this a great relief from monotony. This was emphasized for me several years ago by a man successful in a large way in the wholesale grocery business. He said: "I would give anything if my business had compelled me to get skill in doing something with my hands. I can even watch a shoemaker and envy him his skill." Of course, there are other vocations of highest intellectual quality which demand similar skill for their practice. But there are many others which demand nothing except the use

of the mind, and I imagine there is a monotony to these which we escape.

The emotional, particularly the altruistic, rewards of the practice of medicine are among its chief satisfactions. The sum total of the doctor's efforts for his patients is constructive. He can relieve suffering; he can overcome defects; he can bring men and women back to happiness and usefulness; he can aid in the physical betterment of childhood; sometimes he can save life. Sometimes he cannot do any of these things, but on the whole the balance is largely in his favor. Of course, sensible men in the practice of medicine waste no time in self-congratulation, but the knowledge of these advantages exists in the subconsciousness of every intelligent physician and gives to medicine an attractiveness that is unsurpassed and that is equaled by few careers.

This altruistic side of medicine enters the doctor's consciousness through the attitude of his patients. We get plenty of dissatisfaction, plenty of complaint, plenty of criticism—some of it just, most of it, fortunately, unjust, because where we are most likely to criticize ourselves and feel conscious of our shortcomings we

are usually bolstered up by the spirit of gratitude of our patients. But the amount of criticism and complaint that we get in no way balances the appreciation and gratitude. It is hard to think of any more satisfactory or agreeable relation in life than that between many old patients and the doctor on whom they have relied through a lifetime.

This, in outline, indicates, I should say, the major rewards of a medical career. What are its difficulties and objections?

It is an arduous and exacting life. Its minimum preliminary training is longer and more expensive than that of any other familiar calling. The doctor never gets through preparing himself. That has its advantages, for it means that his profession is constantly interesting; but it also has its disadvantages, for it likewise means that the doctor must incessantly work to keep in step with the progress of knowledge in his profession. Of course, many of us have not the intellectual energy to make the adequate effort to do this, but the call rests on us nevertheless.

The peculiarly exacting demand of medicine is that made upon the time of the doctor. The demands for his

services have no relation to regular hours or seasons. He must, to some degree, be on call all the time. My impression is that this hardship is more imaginary than real, for methods of work are largely a matter of habit, and the doctor—it may not be so with his family—gets used to irregular hours with little sense of their hardship. The successful doctor can sometimes escape the unnecessary demands on him at unusual hours by simply insisting that patients conform reasonably to his convenience rather than to their own.

Of course, the doctor, like every man whose service is personal, has to stay on the job, or his income ceases. But I think this sort of exaction is much smaller today. Successful men in medicine, as a rule, take adequate vacations; many of them, after they get well in the saddle, take very generous vacations. This does little more than interfere with income while away; for the man who has attained success has a pull on his work which is effective as soon as he returns to it.

There are also features in the practice of medicine that are physically disagreeable—contact with pain and suffering, the performance of duties in examination and treatment that are in themselves disgusting or revolt-

ing. The character of all these things is lost in the necessity of their performance. Take the matter of suffering, for example, and let me give a personal experience: I am squeamish; I shrink from the sight of suffering; I do not enjoy a wrestling match or a prize fight or even a football game, because I hate to see men hurt. But there is none of this feeling when, in caring for patients, I am engrossed with my work. And it is so in practice generally: the interest in the occupation almost, or completely, effaces these disagreeable qualities.

Now, what are the qualities necessary to make a good doctor and what is the training he must have?

The personal qualities that go to make the physician are intelligence, character and industry, the whole tempered by an admixture of that human quality that we call common sense. The practice of medicine, so far as possible in the present state of our knowledge, is based upon the intelligent application of the facts of physical and biological sciences. It calls for accurate exercise of one's reason; it cannot be practiced by rote. Medical investigation is largely based upon inductive reasoning, principles and conclusions being arrived at from the

observation, assemblage and study of facts. In that respect medicine resembles botany and geology. It can only to a limited extent be based upon mathematical knowledge and that has always seemed to me to be a disadvantage. There are certain attractions about an occupation like engineering, for example, in which, given certain data, you can arrive at your conclusions by mathematical formulæ. There are many agreeable features in a vocation like astronomy, where you can calculate the time of an eclipse to within a second a thousand years from now, while, in the biological sciences, as some one has said, you cannot tell where a cat will jump a tenth of a second before he does it. This is no criticism of the soundness of the methods of the biological sciences. It is an inherent difference between them and those sciences dealing with exact phenomena of nature which have been determined and which are unchanging.

After its demands upon the reasoning powers medicine makes the greatest demand upon one's power of observation and memory. The competent doctor must be a careful, sharp observer. He must be thorough in looking for facts in his patient, quick to see them, as

well as ready to interpret them and act upon his conclusions. Observation is a quality that can be developed in any intelligent man by training. In addition, the amount of facts that the doctor must learn puts an enormous tax upon his memory; but this also is improved by use.

All of these qualities are those common to intelligent men. We have, of course, brilliant men in medicine with an especial gift for its pursuit—once in a while a genius—but probably most of these men would have succeeded equally in almost any vocation they might have pursued.

I lay the greatest emphasis, as essential for a physician, upon those qualities that go to make up what we call character. The physician is trusted with the responsibilities of life and death; he is usually the sole and uncontrolled reliance; and certainly, the first quality that the layman should look for is unquestionable character. Fortunately for mankind, trusteeships, in all except the meanest individuals, stimulate the sense of responsibility; and physicians, like other men of high class, rarely fail to try to live up to their trusts.

As for responsiveness, tenderness, pity and those qualities that go to make up the sympathetic person, I

think intelligent men of right mind usually have these in sufficient quantity without worrying about them. Certainly a brutal doctor is despicable and should be avoided if he is found. But I have found few such men. On the other hand, one does not want the doctor whose stock in trade is sympathy; the doctor who putters busily in efforts of sympathy is usually a weak one, and I have never seen any one going into medicine on the basis of his highly sympathetic disposition whom I considered particularly adapted to it.

General intelligence, I think, covers that intangible and much discussed quality of personality, so far as it concerns the physician. The physician should, of course, be gracious and have poise and sufficient self-assurance; but intelligent men, who know what they are doing, usually suffer from no difficulties of this sort. The ingratiating qualities that are supposed to make up an agreeable personality, illustrated in the extreme by the imaginary type of the smooth go-getter after business in general, have, in my experience, nothing to do with success in the practice of medicine. I know there are shams in medical practice who fool people and make some money (I have never seen such a one

who seemed satisfied with his career) ; but, on the other hand, it is amazing how, as a rule, the public succeeds in getting at the truly worth-while doctors. The one quality that seems to me to characterize the men that make worth-while successes in medicine is their ability to deliver the goods. They may have or lack social graces. Some of them are careful in their demeanor. In dress most of them are reasonably indifferent. They are responsive and they are brusque. Often they are less considerate of these things than they should be. Certainly, the man going into the practice of medicine, judging from my experience of successful men in it, can feel that he has to make no compromises with his self-respect in cultivating a personality which is not genuine. He ought to be a gentleman, meaning by that term one who is honest and has proper consideration for others ; that is all the personality that is necessary.

Of course, industry is essential to success in medicine, as in every other vocation. It is the motive power of the human machine ; and every machine, no matter how brilliant or competent in action, is dead matter when not energized. And medicine makes more than ordinary demands upon industry, both physical and mental.

There is a favorite quotation from Osler that work is the "master word" in medicine. Now, having emphasized that work—hard, incessant work—means a great deal in medicine, as it does in every other field of endeavor, let me add that, to my mind, intelligence, not work, is the master word in medicine. Osler's dictum, like Carlyle's that genius consists in infinite capacity for taking pains, is a half-truth. Industry is essential, but the result in an intellectual calling depends upon the quality of the mind it energizes. It is not necessary for the man going into medicine to feel that he must be a lifelong drudge as the penalty of success. It is much more important for him to ascertain if he has the proper intellectual equipment. With that and proper training, success makes no greater demands upon industry than it does in other busy callings.

The training for the practice of medicine is long and difficult. The minimum requirements now are far greater than those of any other familiar profession. The universal standard of requirements includes at least two years of pre-medical work in college; four years of medical school; and, then, at least one year of hospital training. That is, seven years in addition to

high school instruction. I am strongly of the conviction that this training is excessive in the demands in time and money upon the student and the amount of instruction that it gives him. But the fact remains that the young man going into medicine now must meet these requirements. The one part of this training that may possibly be escaped is the hospital year and that is the part of all others that should not be missed. In fact, one year is not enough; it ought to be at least a year-and-a-half, and two years to two-and-a-half years is not too much for the ambitious man. Fortunately the hospital training can be obtained at little or no expense beyond the required time, for hospital internships take care of the board and lodging of the interns and, at the present time, are frequently paying small stipends. It is in the hospital, or as an assistant to a physician, that a student learns the practice of medicine. Skill in practice—and that means also ease in practice—are dependent upon training in practice through some apprenticeship. It can no more be derived from books and lectures than can violin playing or billiards. Benjamin Franklin said: "If you want to learn a trade apprentice yourself to a master." That is a good guide

in seeking for clinical training in medicine. The better the hospital one enters and the better the practitioner under whom one acquires clinical training, the sounder and more polished will be the clinical skill.

The first clinical training in medicine should be, as far as possible, a general training, not a training directed to some specialty. If one is going to take up a specialty, there ought to be a preliminary training of at least two years in general clinical medicine. The beginner will probably be wise if he spends three more years in general practice, either on his own account or in association with a physician in general practice. If he is going into a specialty, he should not spend more than the first five years of his career in general work.

There is, of course, a strong tendency at present for men to go into specialties. The result is that competition in the specialties is very keen. There is, on the other hand, a great need for skilful general practitioners. It is a field which I hope will come back into favor. It offers many attractions and great possibilities for the development of well-rounded, broadly experienced, useful physicians. It is generally estimated that the trained practitioner can well do eighty per cent. of practice.

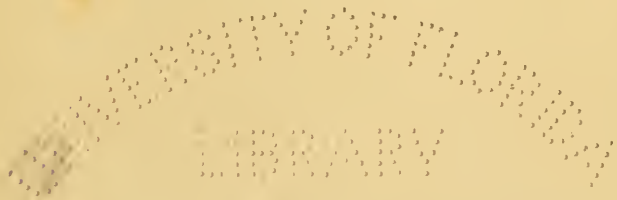
He can do this without compromising with his self-respect in his insistence upon a high standard of excellence in his work.

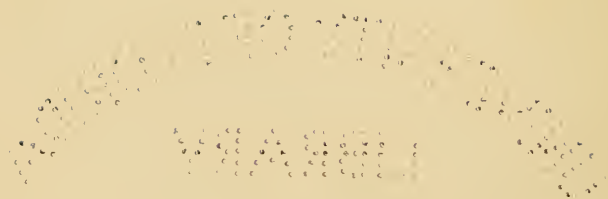
If one is going into a specialty there are, in my opinion, two satisfactory ways of doing it: One is by obtaining an internship in the desired special service, either in a general hospital or in a special hospital devoted to this particular field; the other is to become associated with a master in that field of practice. The best method of preparing for a specialty is to have both these forms of training.

One compensating fact to offset the exactions of the long period of preliminary training in medicine is that there is not now usually the long time of waiting for practice which was formerly so disheartening. An active demand exists for intelligent young physicians who have had a good hospital training. They cannot go immediately into supporting independent practice, but even here work comes more quickly than formerly to the young man who is capable in general practice. And there is a great demand, formerly non-existent, for well-trained young physicians as assistants, both to general practitioners and to specialists. As a result young

men can quickly find self-supporting positions that offer opportunity for enlarging their experience and that are directly in line for the development of independent careers. As I have already indicated, these assistant-ships, in my opinion, offer the best opportunities for rounding out one's training as well as being the best avenue of entrance to a career.

I imagine one would gather from the foregoing that I regard medicine as a good career. I do. I think it is worth the effort required by the long period of preparation. In fact I am inclined to paraphrase Sidney Smith's remark about the strawberry, to the effect that doubtless God might have made a better man than a good doctor but doubtless he never did.





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